			- 1	# 3/9	St
Under the Paperwork Reduction Act of 1995, no person	or are required to restrand to	Approved for	or use the	PTO/SB/22 (10-00) 1gh 10/31/2002, OMB 0551-0031 DEPARTMENT OF COMMERCE	Pl
ETITION FOR EXTENSION OF			Docks	et Number (Optional)	1 7
	In re Application of	Jonathan Sid	ney	Edelson	
	Application Number	09/675,082		Flied 9/28/00	
		TRONICALLY CO		LLED	
	Group Art Unit 2	834	Ехап п Ј р	er seph WAKS	
his is a request under the provisions of aply in the above identified application.	37 CFR 1.136(a) to	extend the period fo	r filing a		
he requested extension and appropriat heck time period desired):	e non-small-entity f	ee are as follows	- 1		
x. One month (37 CFR 1.17(a)(1))		- [\$110.00		
Two months (37 CFR 1.17(a)(2))		i	\$		
Three months (37 CFR 1.17(a)(3))			1	\$	
Four months (37 CFR 1.17(a)(4))			- 1	\$	
Five months (37 CFR 1.17(a)(5))			į	\$	
Applicant claims small entity statuabove is reduced by one-half, and A check in the amount of the fee	the resulting fee is	7. Therefore, the fee a	mour	shown	
Rayment by credit card. Form PT	O-2038 Is attached				
The Commissioner has already b application to a Deposit Account.			1		
The Commissioner is hereby auth or credit any overpayment, to Del I have enclosed a duplicate copy	oosit Account Numb		require	1, '	
i am the X applicant/inventor			Į	-	
assignee of record of ti	ne entire interest. Se 7 CFR 3.73(b) is en	ee 37 CFR 3.71, iclosed. (Form PTO/S	B/96),		
attorney or agent of rec	oord.		1		
attorney or agent under Registration number if	or 37 CFR 1.34(a). acting under 37 CFR 1.3	14(a)			
WARNING: Information on this for be included on this form. Provide	rm may become p credit card inform	ublic. Credit card in nation and authoriza	formad ition o	on should not	
		Misel	⁷ 4	1/1/	-
Macsh 31, 2002		Signa	ture 4		
Date		0	- 1		l
		Jonathan E			
			- 1	ted name	i
OTE: Signatures of all the inventors or assignee ma if more than one signature is required, see I	s of record of the entire below.	interest or their representa	tive(s) ar	required. Submit multiple	
Total of forms are submitte	ad.]
- Ioinio a di anni				to at the change Any name and a	-

Burdan Hour Statement: This form is estimated to take 0,1 hours to complain. Time will vary depending upon the needs of the included case. Any comments on the amount of time you are required to complain the form should be sent to the Chief Information Officer, U.S. Patient and "Information Officer, U.S. Patient are "Information Officer, U.S. Patient are "Information Officer, U.S. Patient are "Information Officer, when the patient of the Chief Information Officer, U.S. Patient are "Information Officer, when the patient of the Chief Information Officer, U.S. Patient are "Information Officer, when the Chief Information Officer, U.S. Patient Inform